

FILED NOV 4 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 33679

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4374

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION 211-E-13 <sup>th</sup> ST		d. STREET ADDRESS (If rural, give location) 1713 1/2 - E - 18 <sup>th</sup> ST. REAR	

3. NAME OF DECEASED (Type or Print) a. (First) ARTIE b. (Middle) REED c. (Last) REED		4. DATE OF DEATH (Month) (Day) (Year) 9 - 18 - 1950	
5. SEX MALE	6. COLOR OR RACE COLORED	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 1887
9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER FOR CITY OF KANSAS CITY, MO.	11. BIRTHPLACE (State or foreign country) TEXAS
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME UNKNOWN	
14. MOTHER'S MAIDEN NAME UNKNOWN		15. NAME OF HUSBAND OR WIFE LUELLA REED 2507 HIGHLAND	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME LUELLA REED 2507 HIGHLAND-K.C. MO.	ADDRESS
--	---------------------------------	--	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral Hemorrhage & Ischemic	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Fall from Truck	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) Blood not in motion. (non-traumatic) Cerebral Hemorrhage	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 123	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	--------------------------------------	--

21a. ACCIDENT (Specify) SUICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 211 E 13 <sup>th</sup> ST	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) Jackson Mo
21d. TIME OF INJURY (Month) (Day) (Year) 9/18/1950	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? By fall from Truck

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_, 19\_\_\_\_, from the causes and on the date stated above.

23a. SIGNATURE Thos. A. Jones	23b. ADDRESS 1612 E 12 <sup>th</sup> ST	23c. DATE SIGNED 9/20/50
-------------------------------	---	--------------------------

24a. BURIAL, CREMATION, REMOVAL Removal	24b. DATE 10-21-50	24c. NAME OF CEMETERY OR CREMATORY Westlawn	24d. LOCATION (City, town, or county) (State) Kansas City, Kans.
---	--------------------	---	--

DATE REC'D BY LOCAL REG. 10-16-50	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BRADY-BROWN 1708 TRACY
-----------------------------------	--	---

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 19 1961

---

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by\_\_\_\_\_

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....

Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.